

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey – Insurance Component

HEALTH INSURANCE COST STUDY
Government Unit Questionnaire

Section C – RETIREE HEALTH COVERAGE CHARACTERISTICS

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws. See the Definition Sheet included with this package for an explanation of these terms.

- 1. Did your government unit or some other government unit provide health insurance coverage to any person who retired from your government unit ON OR BEFORE December 31, 2003, or to any of their survivors?**

If COBRA was the only coverage offered mark "No".

551 ☐ 1 Yes – This government unit – Continue with Question 2

4 ☐ Yes – Another government unit

672

Enter name of other government unit

Continue with Question 2 if information is available. Otherwise SKIP to Section D.

551

☐ 2 No

☐ 3 Don't know

} **SKIP to Section D.**

- 2. In 2003, what was the total number of retirees enrolled in health insurance through your government unit?**

513

Total retirees enrolled

UNDER 65 YEARS OF AGE

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits Laws.

- 3a. Were any of the enrolled retirees reported in Question 2, under 65 years of age?**

628

☐ 1 Yes – Continue with Question 3b

☐ 2 No – SKIP to Question 4a

- b. What was the TOTAL number of retirees under 65 years of age enrolled in health insurance through your government unit in 2003?**

572

Total retirees under 65 enrolled in health insurance

- c. What percentage of those retirees were ENROLLED in SINGLE coverage?**

573

% Retirees under 65 enrolled in **single** coverage

- d. For a typical plan in 2003, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?**

574

\$, . 0 0 **Government unit** contribution for **single** premium

- e. For that same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?**

575

\$, . 0 0 **Total single** premium

- f. For a typical plan in 2003, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**

For retirees, if premium varied by family size, report for a family of two.

576

\$, . 0 0 **Government unit** contribution for **family** premium

- g. For that same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?**

577

\$, . 0 0 **Total family** premium

Section C – RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

AGE 65 YEARS OR OVER

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits Laws.

4a. Were any of the enrolled retirees reported in Question 2, 65 years of age or over?

- 629 1 ☐ Yes – Continue with Question 4b
 2 ☐ No – **SKIP to Question 5a**

b. What was the TOTAL number of retirees 65 years or over enrolled in health insurance through your government unit in 2003?

578 **Total** retirees 65 years or over enrolled in health insurance

c. What percentage of those retirees were ENROLLED in SINGLE coverage?

579 % Retirees 65 years or over **enrolled in single** coverage

d. For the 2003 plan with largest the enrollment, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

580 \$, . 0 0 **Government unit** contribution for **single** premium

e. For that same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?

581 \$, . 0 0 **Total single** premium

f. For the 2003 plan with the largest enrollment, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

For retirees, if premium varied by family size, report for a family of two.

582 \$, . 0 0 **Government unit** contribution for **family** premium

g. For that same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?

583 \$, . 0 0 **Total family** premium

NEW RETIREES

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits Laws.

For Questions 5a through 5c, NEW RETIREES refers only to persons who retired from your government unit in 2003.

5a. Did your government unit offer health insurance to any NEW RETIREES?

- 630 1 ☐ Yes – Continue with Question 5b
 2 ☐ No
 3 ☐ Don't know } **SKIP to Section D**

b. Were NEW RETIREES under 65 years of age eligible for health insurance?

- 631 1 ☐ Yes
 2 ☐ No
 3 ☐ Don't know

c. Were NEW RETIREES 65 years of age or over eligible for health insurance?

- 632 1 ☐ Yes
 2 ☐ No
 3 ☐ Don't know

Section D – HEALTH COVERAGE CHARACTERISTICS

1a. Which of the listed optional coverage services, if any, did your government unit offer to its ACTIVE employees in 2003 at a premium SEPARATE from the comprehensive health plan premium?

Report single service insurance plans only.

Do not include single services covered under a comprehensive health plan.

Long-term care insurance helps to cover the cost of institutional and home care required by the chronically ill or disabled.

Mark (X) all that apply.

- 192 ☐ Dental
- 193 ☐ Vision
- 194 ☐ Prescription drugs
- 195 ☐ Long-term care
- 562 ☐ No optional coverage – **SKIP to Question 2a**
- } *Continue with Question 1b*

b. What was the total amount paid for optional coverage for all ACTIVE employees at THIS GOVERNMENT UNIT in 2003?

196 \$, , , . 0 0

Optional coverage cost

2a. For 2003, did your government unit impose a waiting period before new employees could be covered by health insurance?

- 197 1 ☐ Yes – *Continue with Question 2b*
- 2 ☐ No – **SKIP to Section E**

b. For 2003, what was the TYPICAL waiting period?

Mark (X) only one.

- 198 1 ☐ Less than 2 weeks
- 2 ☐ 2 weeks to less than 1 month
- 5 ☐ Until the first day of the next month
- 3 ☐ 1–3 months
- 4 ☐ More than 3 months

Section E – EMPLOYMENT CHARACTERISTICS

Estimates are acceptable for all employment, eligibility, and enrollment figures.

Include part-time, temporary, and seasonal employees.

Exclude leased or contract workers and retirees.

1a. How many ACTIVE employees were ELIGIBLE for at least one health plan through your government unit in 2003?

201 **Eligible** employees

b. How many of those ACTIVE employees were ENROLLED in ANY health plan through your government unit?

202 **Enrolled** employees

2a. Did your government unit have any part-time employees in 2003?

*If your government unit did not offer health insurance in 2003, then **SKIP to Page 4, Section F.***

- 563 1 ☐ Yes – *Continue with Question 2b*
- 2 ☐ No
- 3 ☐ Don't know
- } **SKIP to Question 3**

b. How many of those part-time employees were ELIGIBLE for at least one health plan through your government unit?

204 **Eligible** part-time employees

c. How many of those part-time employees were ENROLLED in ANY health plan through your government unit?

205 **Enrolled** part-time employees

3. Did your government unit offer health insurance to its temporary or seasonal employees in 2003?

Mark (X) only one.

- 564 1 ☐ Yes
- 2 ☐ No
- 4 ☐ No temporary or seasonal employees
- 3 ☐ Don't know

4. If your government unit offered health insurance, how many hours per week must an employee work to be eligible for health insurance?

626 **Hours** worked per week to be eligible

Section F – FRINGE BENEFITS CHARACTERISTICS

1. Which of the following fringe benefits did your government unit offer its employees in 2003?

	Yes (1)	No (2)	Don't know (3)
050 Paid vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051 Paid sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052 Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053 Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
054 Retirement/pension plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2a. Did your government unit offer any of these tax-advantaged benefits to its employees in 2003?

See the Definition Sheet included with this package for an explanation of these benefits.

These plans are also known as Section 125 Plans.

		Yes (1)	No (2)	Don't know (3)
627	Employee contributions to health insurance made on a pre-tax basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056	Flexible SPENDING account (FSA) for healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057	Flexible Benefits Plan <i>Full cafeteria plan that offers employees a set of benefits from which to choose</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. If your government unit offered a Flexible Benefit Plan, what was the average annual value of the plan for a TYPICAL employee in 2003?

058 \$, . 0 0 Flexible Benefits Plan value

Section G – EMPLOYEE CHARACTERISTICS

Provide information for a TYPICAL pay period in 2003.

Estimates are acceptable.

The following workforce characteristics are used to group similar government units together for analytical purposes.

If none, enter "0".

1. Approximately what percentage of the employees at this government unit were women?

016

 %

Women employees

2. Approximately what percentage of the employees at this government unit were 50 years old or older?

017

 %

Employees 50 years old or older

3. Approximately what percentage of the employees at this government unit were union members?

018

 %

Union members

4. For the employees at this government unit in 2003, approximately what percentage earned –

Less than \$9.50 per hour?
Approximately \$19,800 a year or less

022

 %

Earned less than \$9.50 per hour

Between \$9.50 and \$21.00 per hour?
Approximately \$19,800 to \$43,700 a year

023

 %

Earned between \$9.50 and \$21.00 per hour

More than \$21.00 per hour?
Approximately \$43,700 a year or more

024

 %

Earned more than \$21.00 per hour

Section H – PERSON COMPLETING THIS QUESTIONNAIRE

²¹² Name (Please print)

²¹³ Title

Signature

²¹⁴ Date (Month/Day/Year)

M	M	D	D	Y	Y	Y	Y
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²¹⁵ Telephone number

()

²²⁰ Extension

²¹⁶ FAX number

()

²¹⁷ E-Mail address